

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006494

STATE FILE NUMBER

AMENDED

Registration District No.

FILED MAR 7 1962

Primary Registration District No.

1001

Registrar's No.

921

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
38 Yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Doctor's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1827 MonroeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First WILLIAM

Middle H

Last FLEWELLING

4. DATE OF DEATH

Month Day Year
February 15 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8/9/19009. AGE (last birthday)
61IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
National Body Equip Larned Kansas11. BIRTHPLACE (City and state or country)
USA12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John M Elewelling

13b. MOTHER'S MAIDEN NAME

Mary K Bengé

14. NAME OF HUSBAND OR WIFE

Edna H Flewelling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Edna Flewelling 1827 Monroe

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Cardiac Arrest
Congestive Heart Failure
Auricular FibrillationINTERVAL BETWEEN
ONSET AND DEATH3-4 days
1-2 daysPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease, condition given in PART I (a)

Possible Renal Insufficiency = Shutdown

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-12-62

to 2-15-62

and last saw him alive on 2-15-62

Death occurred at 7:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert L. Curtis D.O.

(Degree or title)

22b. ADDRESS

1001 Scarlett Bedg
818 Grand ave K. C. Mo

22c. DATE SIGNED

2/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2/19/62

23c. NAME OF CEMETERY OR CREMATORY

Mt Washington Cemetery

23d. LOCATION (City, town, or county)

Independence Missouri

(State)

24. FUNERAL DIRECTOR

Sheil Funeral Home Kansas City Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Robert L. Curtis Medical Certification

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.